

WORLD RESEARCH IN ALCOHOLISM

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WORLD RESEARCH IN ALCOHOLISM is intended as a bibliographical reference source of material and books published currently and during the past decade, providing side-by-side comparisons of related work in psychiatry, psychology, physiology, pathology, biochemistry, sociology, and allied fields. Views expressed in the summaries and abstracts are those of the authors. ... Authors of research in alcoholism are invited to supply the Research Editor with two reprints of their publication for the LIBRARY OF WORLD RESEARCH IN ALCOHOLISM, along with an abstract indicating purpose, findings, and conclusions. ... If you wish to receive future issues and have not already mailed your request, please write: State of Illinois, Department of Public Welfare, Division of the Alienist, 912 South Wood Street, Chicago 12, Illinois.

235. BARBARA, D. A. (Central Islip State Hosp., Central Islip, N. Y.): Preliminary report of the value of pentothal sodium as a prognostic aid in 40 mental patients. Psychiat. Quart. 22: 418-27, 1948. 7 ref., 5 tables. "Forty patients were selected for study, comprising 20 schizophrenics, 10 of the alcoholic psychosis group, and 10 psychoneurotics. They were further divided into two groups with respect to type of therapy instituted. The first group, 10 alcoholics and 10 psychoneurotics, were treated without shock therapy. The 20 schizophrenics were treated by some form of shock therapy. Each patient received an intravenous injection of pentothal sodium and was classified as to reaction as either 'good,' 'moderate,' or 'poor.' Of the total number of patients, 20% had 'good' reactions, 23% had 'moderate' reactions, and 57% presented 'poor' reactions. Of those who presented either 'good' or 'moderate' reactions, none failed to show clinical improvement. Of those who presented 'poor' reactions, 65% failed to improve. Of the first group, 30% had 'good' reactions, 30% 'moderate' reactions, and 40% 'poor' reactions. Of the shock-treated group, 10% had 'good' reactions, 15% 'moderate' reactions, and 75% 'poor' reactions. In the first group all who presented favorable reactions to pentothal sodium showed some degree of clinical improvement and were paroled. Of those who presented poor reactions, 75% failed to improve. In the second, or shock-treated group, those with favorable reactions were all improved and paroled. Of those who presented poor reactions, 60% failed to improve. This study confirms the value of intravenous injection of pentothal sodium as a prognostic aid."
236. BELL, R. G., and SMITH, H. W. (Shadow Brook Health Foundation, Willowdale, Ont., and Dept. Pharmacol., Univ. of Toronto, Ont., Can.): Preliminary report on clinical trials of antabuse. Canad. Med. ass. J. 60: 286-8, 1949. A report submitted at the request of Canadian Medical Association after antabus became available in Canada on medical prescription. "It is too early to assess the value of antabus in the entire treatment of the chronic alcoholic. This report is mainly concerned with the symptoms produced when alcohol is taken after antabus. In general, our experiences confirm those of Dr. Jacobsen and his associates in Denmark. However, several additions to their findings will be noted, even in this small series. ... Dr. Jacobsen recommended that any physician considering administration of antabus to his alcoholic patients should first try the effects of antabus plus alcohol on himself. Accordingly, the first trial was conducted with the authors as subjects on 1/29/49. After taking antabuse (0.5 gm. daily for four days) alcohol was administered and the effects observed. ... The authors experienced symptoms outlined by Hald et al with some additions. ... Three alcoholic patients given measured amts. of alcohol (1½ to 3 oz. of whisky) calculated to give a maximum concentration of alcohol in the blood of 40 mgm. per 100 ml., showed symptoms almost identical with those reported by Dr. Hald. ... The factors concerned in the rate of accumulation of alcohol in the blood appear to be partly responsible for the severity of symptoms developed when a certain quantity of alcohol is administered to a patient who has previously received antabus. ... We do not give antabus until we know that the patient is free of alcohol. There is reason to believe that serious consequences are to be expected if antabus is taken while there are appreciable amts. of alcohol in the body. ... It is our opinion that antabus will prove valuable as an adjunct in treatment of the alcoholic patient but should be used only on carefully selected patients, with a full realization of the potential dangers."
237. DEVEREUX, G. (Topeka, Kans.): The function of alcohol in Mohave society. Quart. J. Stud. Alc. 9: 207-51, 1948. 54 ref. "Historical, sociocultural, psychological, and unconscious aspects of alcoholism among the Mohave are reviewed

with analytic interpretations of the dynamics of drinking. There is absence of a high level of anxiety, little or no aggression associated with drinking, and the drinking behavior of the Mohave is much like his ordinary behavior. It is suggested that Mohave society has, unlike most other American Indian societies, successfully withstood the ravages of alcoholism." — W. L. Wilkins in Psychol. Abstr.

238. GLIK, E. E. (psychol., Alton State Hosp., Alton, Ill.): Involuntional psychosis with alcoholism: a brief case study. Rorschach Res. Exch. 12: 168-70, 1948.
239. HABER, S., PALEY, A., and BLOCK, A. S. (Winter V. A. Hospital, Topeka, Kans.): Treatment of problem drinkers at Winter Veterans Administration Hospital. Bull. Menninger Clin. 13: 24-30, 1949. An outline of treatment program, including ward arrangement, selection of patients, therapy, situations for "role playing," and ancillary therapies. The program "has helped individual patients and has provided a practical method for the hospital management of the alcoholic veteran. Evaluation of the program must await accumulation of follow-up data."
240. HALD, J., and JACOBSEN, E. (Biolog. Lab., Medicinalco, Ltd., Copenhagen, Denmark): A drug sensitising the organism to ethyl alcohol. Lancet 2: 1001-4, 1948. 19 ref., 1 table, 3 fig. "The organism is sensitised to alcohol after intake of tetraethylthiuramdisulphide (antabus). Alcohol given to persons previously treated with this otherwise innocuous substance produces dilatation of the facial vessels, increased pulmonary ventilation, raised pulse rate, and general uneasiness. The symptoms appear to be the result of an increased formation of acetaldehyde from alcohol."
241. JACOBSEN, E., and MARTENSEN-LARSEN, O. (Biol. Lab., Medicinalco Ltd., Copenhagen, and Flakvad Sanatorium for Alcoholics, Rungsted Kyst, Denmark): Treatment of alcoholism with tetraethylthiuramdisulfide (antabus). J. Amer. med. Ass. 139: 918-22, 1949. 9 ref., 4 tables. Discusses pharmacologic considerations, clinical effect, and psychiatric approach. "Ninety-nine alcoholics were treated with antabus and observed 6 months or more; 52 can be regarded as socially recovered and 19 as much better. The medication must be combined with intensive psychotherapy in order to obtain permanent results."
242. LECOQ, R. (Lab., Hôp. Saint-Germain-en-Laye, Paris, France): La désintoxication alcoolique au moyen d'injections intraveineuses d'alcool glucose hépatisé. (Treatment of alcoholism by intravenous injections of alcohol, glucose, and liver extract.) Brux. méd. 28: 1579-87, 1948. 16 ref. "... The principles on which the author has worked are: (1) alcohol can be used as a food up to a concentration of 1 g. per kg. body weight; above this level it proves toxic. (2) Chronic alcoholism is accompanied by humoral imbalance, as shown for example by fall in the alkali reserve and increase in the cholesterol-urea ratio in the blood. (3) Intravenous injections of alcohol (or better of alcohol, glucose, and liver) prevent hallucinations or delirium tremens in the chronic alcoholic and act in progressively smaller doses. (4) Humoral disturbances produce the well-known irritability and nervous excitement of the alcoholic. (5) Administration by all routes except the intravenous creates craving for alcohol. The preparation ('curethyl') injected consists of 25% redistilled alcohol, isotonic glucose, and active liver extract. Injections are given of 1 to 4 ampoules containing 50 ml. daily. Some patients complain of pain in the upper arm, some of a taste of alcohol in the mouth, and occasionally there is slight fever (prevented by ascorbic acid injections) or drunkenness. The only complications in a series of scores of thousands of injections have been delirium or local haematoma formation from a displaced

needle. This treatment is indicated in the chronic alcoholic, who is often transformed after 5 or 6 days. Indigestion, acidosis, tremors, poor appetite, hallucinations, and aggressiveness disappear; the patient becomes more friendly, alert, and intelligent. The treatment is sometimes effective in the alcoholic who drinks only occasionally, though here in addition the feeling of inferiority must be treated. ... Out of 2,000 patients treated the number who relapsed was, as far as is known, between 5 and 10%. The most important factor is to remove the craving for drink, which involves a thorough change in the patient's outlook." — T. E. C. Early in Abstr. World Med.

243. LORAND, S. (115 E. 86th St., New York, N. Y.): Survey of psychoanalytic literature on problems of alcohol: bibliography. (in Yearbook of Psychoanalysis, 1945. N.Y., Int. Univ. Press, 1945, 359-70.) 144 ref. Prepared with assistance of Dr. David Brunswick, Los Angeles; Dr. David Rapaport, Topeka; and E. M. Jellinek, Yale Univ.
244. MANSON, M. P. (Univ. So. Calif., Los Angeles): A psychometric differentiation of alcoholics from nonalcoholics. Quart. J. Stud. Alc. 9: 175-206, 1948. "A preliminary questionnaire of 470 items was administered to 157 alcoholics and 126 nonalcoholics, and 114 significantly diagnostic items further administered to 202 alcoholic and 137 nonalcoholic males and 66 female alcoholics and 166 nonalcoholic females. Final form of the instrument includes 72 items from this scale. Validity for identifying alcoholics, reliability, and critical scores are discussed." — W. L. Wilkins in Psychol. Abstr.
245. MARTENSEN-LARSEN, O. (Flakvad Sanatorium, Horsholm, Denmark): Treatment of alcoholism with a sensitising drug. Lancet 2: 1004-5, 1948. "Concurrently with the examination of the pharmacological effects of antabuse (see Hald and Jacobsen) I have studied the clinical effects of this substance on alcoholics. ... From December, 1947, to May, 1948, 83 patients were treated with antabus. ... A) 32 patients benefited sufficiently to continue on a token dose (often only 0.0625 g. a day) after a few weeks' observation. Later their treatment was controlled by telephone. These can increase their dose when they know they will be tempted to drink. B) 29 patients see the doctor at regular intervals and are encouraged to continue the treatment. Their blood and urine are examined, and further dosage is fixed to meet each patient's requirements. Their dosage must be sufficient to prevent the patient from taking more than one or two drinks at a time. C) These 13 patients are more psychoneurotic than A and B. Their desire to be treated is not always genuine. ... Even these have been helped to some degree. ... No doubt the treatment would be still more effective if legal measures could be taken, but for the present this is impossible in Denmark, in contrast to Sweden and Norway. D) In 9 cases treatment has failed. Most of these have serious psychic defects. All have shown characteristic symptoms after intake of antabus and alcohol but have lacked interest in treatment and have refused to continue it. ... Naturally, treatment with antabus must often be only part of a general treatment. In severe cases psychological analysis and psychotherapy are important as always in treatment of alcoholism."
246. PULLAR-STRECKER, H. (Wyke House, Isleworth, Middlesex, England): A review on the literature of addiction. Brit. J. Addict. 45: 125-76, 1948. Reviews literature on addiction published between 1945 and April 1948. I. Campaign against alcoholism. II. Social, economic, cultural, legal aspects. III. Psychological aspects. IV. Clinical aspects. V. Biochemistry, pharmacology, physiology, experimental pathology. VI. Treatment. VII. Literature.

247. MALZBERG, B. (Bur. of Statistics, N. Y. State Dept. Ment. Hyg., Albany, N. Y.): Statistical study of patients in New York civil State Hospitals, April 1, 1947. Psychiat. Quart. 22: 495-515, 1948. 9 tables.

Abstract from Table 4. Classified according to mental disorders.

TOTAL all mental disorders				Alcoholic			Per cent		
Date	Male	Female	Total	Male	Female	Total	Male	Female	Total
6/30/20	17,752	20,542	38,294	1,032	467	1,499	5.8	3.9	3.9
6/30/25	20,444	23,152	43,601	1,157	436	1,593	5.7	1.9	3.7
6/30/30	25,045	26,985	52,030	1,453	457	1,910	5.8	1.7	3.7
6/30/35	32,052	33,265	65,317	1,844	561	2,405	5.8	1.7	3.7
6/30/40	38,301	40,463	78,764	*.....	...	2,945	6.0	1.0	3.7
4/10/47	38,803	45,720	84,523	1,948	656	2,604	5.0	1.4	3.1

*Not now available by sex.

Abstract from Table 6. Average age and standard deviations, according to mental disorders.

TOTAL all mental disorders	Average age (years)			Standard deviation (years)		
	Male	Female	Total	Male	Female	Total
	51.0±0.06	53.5±0.05	52.4±0.04	16.1±0.04	16.0±0.04	16.1±0.03
Alcoholic	56.0±0.18	54.9±0.35	55.7±0.16	11.8±0.19	13.4±0.37	12.2±0.17

Abstract from Table 8. Classified according to age and mental disorder.

Age	TOTAL		ALCOHOLIC		Age	TOTAL		ALCOHOLIC	
	Male	Female	Male	Female		Male	Female	Male	Female
5-9	34	6	..	..	60-64	3,892	4,611	312	82
10-14	174	43	..	..	65-69	3,025	3,812	200	60
15-19	510	379	2	..	70-74	2,248	3,186	134	43
20-24	1,216	1,126	7	2	75-79	1,532	2,351	71	28
25-29	1,978	1,890	18	13	80-84	774	1,364	20	15
30-34	2,796	2,799	44	24	85-89	351	603	2	3
35-39	3,747	3,717	110	49	90-94	97	168	2	3
40-44	4,129	4,320	173	77	95-99	12	26	..	..
45-49	4,257	4,706	247	83	100 and				
50-54	3,859	5,271	275	93	over	6	7	..	..
55-59	4,043	5,183	328	81	Unascertained	123	152	3	..

Abstract from Table 9. Classified according to duration of residence following last admission, and mental disorder.

Years	TOTAL		ALCOHOLIC		Years	TOTAL		ALCOHOLIC	
	Male	Female	Male	Female		Male	Female	Male	Female
Under 1	6,237	7,178	497	178	25-29	1,695	2,207	21	15
1	3,614	4,481	352	97	30-34	1,118	1,318	16	8
2	2,184	2,643	157	46	35-39	704	819	18	14
3	1,750	2,333	95	30	40-44	400	517	2	2
4	1,644	1,811	99	30	45-49	206	255	1	1
5-9	7,362	8,377	339	120	50-54	95	130	..	1
10-14	5,530	6,365	181	65	55-59	30	44	..	..
15-19	3,939	4,366	117	29	60-64	7	17	..	1
20-24	2,288	2,858	53	19	65-69	..	1	..	..

248. RUBIN, H. (Ohio State Univ., Columbus): The Minnesota Multiphasic personality inventory as a diagnostic aid in a veterans' hospital. J. consult. Psychol. 12: 251-4, 1948. "The MMPI was administered to 98 V. A. mental hospital patients within 3 weeks after admission. It is concluded that ... the Sc scale is the only scale which differentiated the four diagnostic groups (chronic alcoholic without psychosis, psychopaths, psychoneurotics, and psychotics) used in this study." -- S. G. Dulsky in Psychol. Abstr.
249. TOMLINSON, P. J. (clin. dir., Gowanda State Homeopathic Hosp., Helmuth, N. Y.): Subcoma insulin therapy: an analysis of 300 cases. Psychiat. Quart. 22: 609-20, 1948. "Seven of the 10 alcoholic patients were discharged as recovered, one as much improved, one remains in the hospital, and one is dead. None of the patients discharged has yet been readmitted. This is in contrast to the usual run of chronic alcoholics who, having once developed a psychosis in relationship to their alcohol, usually are readmitted to the hospital at frequent intervals. Subcoma insulin is thought to be of definite value in stabilizing a poorly integrated individual. In contrast to other types of psychoses where a full 60-day course of subcoma insulin therapy is recommended, it has been found that the optimum course for those suffering with alcoholic psychosis is 30 days. Here, as with the others, however, a 2-week observation period in the hospital following completion of treatment is insisted upon. ... Now that the patients are placed on a definite treatment program of specified duration, they accept their hospitalization more readily and are more amenable to psychotherapy."
250. VOEGTLIN, W. L., and BROZ, W. R. (Shadel Sanitarium, Seattle, Wash.): Conditioned reflex treatment of chronic alcoholism. X. Analysis of 3125 admissions over a period of ten and a half years. Ann. int. Med. 30: 580-97, 1949. 8 ref., 13 tables, 1 fig. "Data concerning 1325 admissions during the ten and a half years ending with 1945 were collected and analyzed. A net series of 2323 cases treated by the conditioned reflex method was subjected to statistical evaluation. The following conclusions appear warranted: 1. Conditioning procedures, when used alone, will cause 85% of all chronic alcoholic patients to remain abstinent for six months or longer; 70% for one year or longer; 60% for two years or longer; 55% for three years or longer; 40% for four years or longer; over 30% for seven years or longer; and about 25% for ten and a half years or longer. 2. Factors of age, marital state, family discord, occupation, financial status, place of residence, conflict with the law, nervousness, physical deformity, delirium tremens, length of drinking history, and record of prior abstinence have been shown to affect the prognosis either favorably or unfavorably. ... Evaluation of these factors would be of benefit in formulating treatment. Interest in abstinence clubs and a high degree of co-operativeness by the patient are also of great value in achieving success. 3. Patients who relapse following conditioning therapy enjoy on an average 11.2 months of sobriety between treatment and the time they resume drinking. Thus even in those who fail, therapy has been socially and economically of value. 4. The inherent value of conditioning therapy is proved by these data. It is believed that adjuvant methods such as psychotherapy, social service and rehabilitation, physical rejuvenation, etc., should enhance the results when they are combined with conditioning methods, but this as yet has not been proved. 5. The struggle against chronic alcoholism requires the use of every weapon of proved value. Conditioning technics should be thoroughly mastered and incorporated into existing therapeutic plans throughout the country as an important research yet to be done. Singularity of therapeutic purpose is admirable but stubborn singularity of method is to be condemned when it stands in the way of research and progress. Results of treatment by any method should be clearly defined and analyzed statistically to allow impartial evaluation and comparison."

NEWS NOTES

251. ANTABUS TREATMENT OF ALCOHOLISM. J. Amer. med. Ass. (foreign letters) 139: 732, 1949. "Since we are certain to hear much about antabus treatment of alcoholism in the next few years it is well to stake out the claims which Denmark can make to pioneer work in this field. In December, 1947, the chemists Medicinalco gave Dr. Martensen-Larsen a supply of tetraethylthiuramdisulfide to which the trade name of antabus has been applied. Given by itself in doses up to 2 gm it usually causes no discomfort, but when even a small quantity of alcohol is consumed at the same time, the two drugs combine to form acetaldehyde, which provokes exceedingly unpleasant reactions such as nausea and vomiting. After this condition has lasted from half an hour to four hours the patient feels tired and drowsy but recovers completely in a short time. The distaste he thus acquires for alcohol may last for several days. Dr. Martensen-Larsen has given antabus to some 300 alcoholics. Last fall he published in the Danish medical press a detailed account of his first 50 cases with an observation period of over six months. The drug was given daily, and there were no untoward complications. Social recovery or considerable improvement could be claimed in 35 cases. All the remaining 15 patients had discontinued the treatment for some reason or other. The conclusion is drawn that antabus is effective in checking consumption of alcohol but needs the support of intensive psychotherapy. The lay press has been quick to appreciate the dramatic element in this short cut to the alleged cure of a chronic condition, and there are rumors of a stag party whose festivity was much impaired by introduction of antabus by stealth into their repast by a lady anxious to save her husband from alcoholic indiscretions. It has already been seriously suggested that chronic alcoholic addicts who have repeatedly fallen foul of the law should be given the choice between antabus and prison."
252. GLUD, E. (Flakvad Sanatorium, Horsholm, Denmark): Private communication 3/22/49. "Am now on the medical staff of Ayerst, McKenna and Harrison (22 E. 40th St., New York 16, N. Y.) who have completed negotiations with the Danish discoverers of antabus. I am temporarily helping them to set up research projects to obtain the data necessary to make application to the Federal Drug Administration." Earlier communication (1/14/49): "We have now treated around 600 patients, most of them as outpatients in a clinic in Copenhagen and the rest at our sanatorium. Over 100 patients have been followed in 9-12 months, and nearly 60% have been socially restored, i. e., to the point where they can completely perform their work and live in harmony with their families. Relapses are few, do not last more than 24 hours, and do not influence their work or family life. Besides the medical treatment with antabus, which effectively stops the intake of alcohol, the patients have been submitted to intensive psychotherapy aimed at mental and social reestablishment. ... Ring in Ring (Hand in Hand), patterned after Alcoholics Anonymous, has been formed."
253. SCOTT, J. M. (med. dir., Ayerst, McKenna & Harrison, Ltd., New York, N.Y.): Antabus for alcoholism (letter to editor). J. Amer. med. Ass. 139: 954, 1949. "... Ayerst, McKenna & Harrison, Ltd., have recently concluded arrangements with the Danish pharmaceutical firm, Medicinalco, for rights to manufacture and distribute antabus in the U. S. ... In order to obtain clinical and pharmacologic data necessary to comply with regulations of Food and Drug Administration, a series of controlled studies have been inaugurated, or are in process of being established, in a selected number of institutions and clinics devoted to study and treatment of alcoholism throughout the U. S. ..."

254. CALIFORNIA: "In an attempt to rehabilitate alcoholics, habitual drunkards coming before police court magistrates in Alameda County will, upon conviction, be granted two years' probation and sent to the recently organized Alcoholic Clinic at Santa Rita Prison Farm. There they will be given psychiatric and medical treatment as indicated. Upon release from the clinic they will be given employment and help by county social workers. The new clinic and the system for handling drunkards was established under an ordinance passed in December 1948 by the County Board of Supervisors." — Calif. Med.
255. MICHIGAN: Tests for intoxication. "Michigan State College, Dept. of Police Administration, E. Lansing, has received \$5000 from National Safety Council for research in chemical tests for intoxication. Work will be directed by Dr. C. W. Muehlberger, toxicologist, and Ralph F. Turner, Asst. Prof., Police Administration, in cooperation with Dept. of Chemistry. It will be divided into three sections: 1) comparison of chemical techniques for determining alcohol in blood, urine, breath, and saliva; 2) intercomparison of results of chemical tests of blood, urine, breath, and saliva to determine constancy factors of intercorrelation; and 3) evaluation of factors which produce tolerance in the human subject." — J. crim. law Crim.
256. NEW HAMPSHIRE: Bill introduced. H. 480 proposes creation of commission for study of alcoholism, including methods and facilities available for care, custody, detention, treatment, employment, and rehabilitation of alcoholics.
257. NEW YORK: Annual report of special committee on problems of alcoholism, Medical Society of the State of New York. "... Progress is being made in compiling a practical medical reference booklet on alcoholism for general practitioners. ... Formation of special committees in various county societies should be continued. ... The State Society is represented on board of directors of Rehabilitation Center administered by School of Medicine, University of Buffalo. — N.Y. State J. Med.
257. Rehabilitation center for alcohol addicts. University of Buffalo Rehabilitation Center, Clinic and Information Bureau for diagnosis, treatment, and reclamation of alcoholics opened 12/2/48. Will cooperate with Edward J. Meyer Memorial Hospital and other Buffalo area hospitals. Center made possible by efforts of School of Medicine, Erie County Medical Society, state depts. of health and mental hygiene, Erie County Health Dept., Buffalo area hospitals, and other local groups. Income will come largely from national and state health dept. funds. Purposes of center include reduction of incidence of chronic alcoholism through public educational methods, provision of adequate facilities for medical and institutional care and acquisition of further information regarding clinical, physiologic, and sociologic aspects of alcoholism through inauguration of research studies. A fee of \$10 a patient will be charged unless the patient's social credit rating determines he cannot pay. Persons may be referred by their physician or may come without referral." — J. Amer. med. Ass.
258. RHODE ISLAND: Bill introduced. H. 678 proposes creation of state commission for study of alcoholism.
259. UTAH: Bill enacted. S. 30 approved 2/17/49. Provides for creation of a state board on alcoholism to investigate causes of alcoholism and to cooperate with Utah State Committee for Education on Alcoholism, and Alcoholics Anonymous.
260. WEST VIRGINIA: Bill introduced. S. 21 proposes to direct state health commissioner to appoint director of division of alcohol studies and rehabilitation.